

GCPS STUDENT RECORDS REQUEST FORM

SCHOOL CONTACT INFO:
PEACHTREE RIDGE HIGH SCHOOL
1555 Old Peachtree Road
Suwanee, Georgia

Phone: 678-512-6070
Fax: 678-512-6080

SCHOOL INSTRUCTION:

* Official/Govt Issued Photo ID Required
*\$5.00 fee per transcript/student record
* Cash or Money Order ONLY
* Allow two (2) business days to process request
Office Hours for Records Pick-Up:

Student Name: _____

GCPS ID: _____ Date of Birth: _____

Is the student currently attending school? YES NO Last year attended: _____

Requester Name: _____ Relation: _____
(PHOTO ID REQUIRED)

Requester Phone Number: _____

Requester Email Address: _____

Description of Records Requested: _____

Number of Copies Requested: _____

**** At time of pickup parent/student must provide Photo ID**

Please release my records to: _____
(PHOTO ID REQUIRED AT PICK-UP)

PRINT NAME: _____

SIGNATURE: _____
Student (if over 18 or attending postsecondary school) or Parent/Legal Guardian DATE

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).